

CNCS/MISAU/PEPFAR PARTNERS JOINT MEETING

Stakeholder Meeting, Q&A Notes Template

Name of session: **Global Fund Focus** - Status of rollout of Global Fund grant in Mozambique, including HIS national strategy; Operationalization of the community package

Date: June 19, 2018

Speaker: Paula Vaz; Egídeo Langa

Notetaker: Judite Langa

Question: during COP14, 15, 16 retention is a challenge in the country, interventions were designed but we are reaching only 70% - we need to ask what is failing?
Implementing partners cover only to 15KM from the health facility, then who is going to reach people living far? PEPFAR and GF should talk about coverage and coordinate.

Response:

GF comes to cover gaps of existing programs; MCP started with a national dialogue where many players met to see the needs of the country and reached a consensus that community activities are priority. The national health system and implementing partners do activities at health facilities but they are weakened at community level as there is no continuity. CCS mandate with this grant is to re-enforce operational coordination between the facilities and the community.

Question: Can the targets that CCS/GF presented be split by province, are they global?

Response:

They are national and disaggregated by province; we have the disaggregations and can share

Question: Human rights – in this program, will human rights be centered only to community or will also cover health facilities and involve the co-management committees? If the health workers are not capacitated how will they implement human rights?

Response:

The presented package is only to be implemented at community level, the MoH has the health facility component and they complement each other.

Question: worried about missing TPI (preventive isoniazid) in CCS the presentation. What was planned?
TB is not prioritized – labs at emergency units do not test TB samples; health facilities after 12am do not have systems to treat TB patients – what to do for patients diagnosed on Friday?

Response:

TPI in adult will be treated during the visits at community level.

MISAU receives 42m for TB, many things that were said here are covered in this convention/grant.

Question: The selection of recipients for this GF grant was not correct; selection is based on “people’s” names and not the capacity. How to do a criterious selection of sub-recipients
Would like to ask CSC to show what is happening, province by province.

Response:

CCS will approach Plasoc (and other players) to discuss in more details. CCS will not be able to implement the convention/grant alone.

Everyone think that they have the right to receive funds but it’s not like that; there was a complex process of selection, deeply audited and revised; Civil Society had a representative in the process; the ones that were not selected, did not have criteria and have to conform; the processes have to be transparent and the same for everyone.

Comment: CCS and MCP should build capacity of civil society. There are few organizations that compete, you should ask yourselves why? There is need to build capacity to increase the number of Civil Society recipients

Question/comment:

Retention: in the initial years of planning for HIV response components such as nutrition and income generation use to be included. One of the issues with retention is because people do not eat properly; maybe we should go back to that; other issues are stigma, long distances; re-enforce GASCs

Suggestion: Include deaf people in the plans.